

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101575535

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13						
14						
15						
16						
17						
18	1					
19		1				
20						
21						
22						
23		1				
24			1			
25	1					
26		1				
27						
28						
29						
30						
31						
32	1					
33		1				
34						
35						
36						
37	1					
38		1				
39						
40						
41						
42						
43						
44						
45						
46	1					
47		1				
48						
49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53						
54						
55						
56						
57						
58	1					
59						
60						
61						
62						
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64						
65						
66						
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89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.	9					
TOTAL CLAIMS	54					